Pharmacy Policy Bulletin

Title: Obeticholic acid (Ocaliva®)
Policy #: Rx.01.186

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:
The intent of this policy is to communicate the medical necessity criteria for obeticholic acid (Ocaliva®) as provided under the member’s prescription drug benefit.

Description:
Primary biliary cholangitis (PBC; previously referred to as primary biliary cirrhosis) is a chronic, progressive autoimmune cholestatic liver disease. PBC is characterized by a T-lymphocyte-mediated attack on small intralobular bile ducts. A continuous assault on the bile duct epithelial cells leads to their gradual destruction and eventual disappearance. The sustained loss of intralobular bile ducts causes the signs and symptoms of cholestasis.

Ursodeoxycholic acid (UDCA), a naturally occurring hydrophilic bile acid, was the first therapy approved for the treatment of PBC. In individual trials and meta-analyses, UDCA has been associated with improved liver biochemistries as well as long-term outcomes (eg, reduction in the likelihood of liver transplantation or death); however, up to 40% of UDCA-treated patients have a suboptimal or absent response to UDCA. Although most patients with PBC are not cirrhotic, cirrhosis is the end stage of the disease and patients are at risk for all of the complications of cirrhosis. This includes hepatocellular carcinoma (HCC), portal hypertension, variceal bleeding, and the need for liver transplant. Other complications related to chronic cholestasis include osteopenia/osteoporosis, dyslipidemia, and vitamin deficiencies.

Obeticholic acid is an agonist for Farnesoid X Receptor (FXR), a nuclear receptor expressed in the liver and intestine. FXR is a key regulator of bile acid, inflammatory, fibrotic, and metabolic pathways. FXR activation decreases the intracellular hepatocyte concentrations of bile acids by suppressing de novo synthesis from cholesterol as well as by increased transport of bile acids out of the hepatocytes. These mechanisms limit the overall size of the circulating bile acid pool while promoting choleresis, thus reducing hepatic exposure to bile acids. Obeticholic acid (Ocaliva®) is indicated for the treatment of PBC in combination with UDCA in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA.

Policy:
INITIAL CRITERIA: Obeticholic acid (Ocaliva®) is approved when ALL of the following criteria are met:

1. Diagnosis of primary biliary cholangitis (also known as primary biliary cirrhosis); AND
2. One of the following:
   a. Used in combination with ursodeoxycholic acid and patient had suboptimal response to at least 12 consecutive months of treatment with ursodeoxycholic acid (e.g., Actigel, Urso, Urso Forte, ursodiol); OR
   b. Inability to tolerate ursodeoxycholic acid; AND
3. Prescribed by or in consultation with hepatologist or gastroenterologist

Initial authorization: 6 months
REAUTHORIZATION CRITERIA: Obeticholic acid (Ocaliva®) is re-approved when there is documentation of positive clinical response to therapy

Reauthorization: 2 years

Black Box Warning as shown in the drug Prescribing Information:
HEPATIC DECOMPENSATION AND FAILURE IN INCORRECTLY DOSED PBC PATIENTS WITH CHILD-PUGH CLASS B OR C OR DECOMPENSATED CIRRHOSIS

In postmarketing reports, hepatic decompensation and failure, in some cases fatal, have been reported in patients with primary biliary cholangitis (PBC) with decompensated cirrhosis or Child-Pugh Class B or C hepatic impairment when OCALIVA® was dosed more frequently than recommended.

The recommended starting dosage of OCALIVA is 5 mg once weekly for patients with Child-Pugh Class B or C hepatic impairment or a prior decompensation event.

Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


Applicable Drugs:
Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Ocaliva®</td>
<td>Obeticholic acid</td>
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Cross References:
Off-Label Use Rx. 01.33

Policy Version Number: 5.00
P&T Approval Date: October 8, 2020
Policy Effective Date: January 01, 2021
Next Required Review Date: October 8, 2021
The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.